

TREXLER, BUSHNELL, GIANGIORGI, BLACKSTONE & MARR, LTD.

COUNSELORS AT LAW

THE CLARK ADAMS BUILDING
105 WEST ADAMS STREET, SUITE 3600

CHICAGO, ILLINOIS 60603-6210

(312) 704-1890

RICHARD R. TREXLER (1906-1995)

RICHARD BUSHNELL (1926-2004)

RICHARD A. GIANGIORGI

RAIFORD A. BLACKSTONE, JR.

DAVID J. MARR

LINDA L. PALOMAR

JAMES R. FOLEY

ROBERT J. DEPKE

JAMES A. O'MALLEY

TIMOTHY M. MCCARTHY

PAIGE A. KITZINGER

FOUNDED 1890

PATENT, TRADEMARK, COPYRIGHT
AND RELATED MATTERS; ALL PHASES
INCLUDING LICENSING AND LITIGATION

FAX: (312) 704-8137

www.trexlaw.com

RECEIVED
CENTRAL FAX CENTER
MAR 07 2006**FACSIMILE TRANSMISSION**

LEWIS T. STEADMAN, SR.

OF COUNSEL

TOTAL PAGES (Including Cover Page) _____ DATE: March 7, 2006

Commissioner of Patents and Trademarks

TO: Examiner G. Dawson FROM: Raiford A. Blackstone, Reg. No. 25,156FAX NO: (571) 273-8300 FAX NO: (312) 704-8023*If you experience any difficulty with this transmission, please call (312) 704-1890 for assistance.***ORIGINAL COPY AND ENCLOSURES**____ WILL BE SENT BY ____ MAIL ____ COURIER
☒ WILL NOT BE SENT**NOTES:**

Inventor: Seakins et al.

For: BREATHING ASSISTANCE

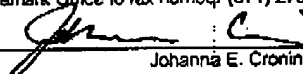
APPARATUS

Serial No.: 10/686,460

Filed: October 15, 2003

Art Unit: 3731

Atty Docket No.: 1171/39624D/92D

CERTIFICATION OF FACSIMILE TRANSMISSIONI hereby certify that this paper is being facsimile transmitted to the Patent
and Trademark Office to fax number (571) 273-8300 on March 7, 2006.
Johanna E. Cronin**IMPORTANT NOTICE**

This transmission (including all attached pages) is intended only for the use of the named addressee(s), and may contain information that is privileged or exempt from disclosure under applicable law. **IF YOU ARE NOT A NAMED ADDRESSEE, YOU ARE HEREBY NOTIFIED THAT ANY USE, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS TRANSMISSION IS STRICTLY PROHIBITED.** If you have received this transmission in error, please destroy all copies and notify us immediately at this telephone number: (312) 704-1890.

BEST AVAILABLE COPY

FORM PTO-1083

Case Docket No. 1171/39624D/92D

In re application of:

Serial No.: 10/686,460
 Filed: October 15, 2003
 For: BREATHING ASSISTANCE APPARATUS
 Applicant: SEAKINS; THUDOR and SMITH
 Attorney Docket No.: 1171/39624D/92D

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the
 Patent and Trademark Office to fax number (571) 273-8300 on:

March 7, 2006
 Date

Johanna E. Cronin
 Signature

Johanna E. Cronin

COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an "AMENDMENT" for the above-identified application.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid for	Present Extra
TOTAL	* 22	MINUS	** 24	0
INDEP.	* 1	MINUS	** 3	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY

Rate	Addit. Fee
x 25 =	\$.00
x 100 =	\$.00
+ 180 =	\$.00
TOTAL ADDIT. FEE	\$.00

OR

OTHER THAN A
SMALL ENTITY

Rate	Addit. Fee
x 50 =	\$.00
x 200 =	\$.00
+ 360 =	\$.00
TOTAL	\$.00

OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 20-1495 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is also enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 20-1495. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17

Dated: March 7, 2006

Raiford A. Blackstone, Jr.
 Raiford A. Blackstone, Jr. Reg. No. 25,156
 Linda L. Palomar, Reg. No. 37,903
 Attorneys of Record

FORM PTO-1083

Case Docket No. 1171/39524D/92D

In re application of:

Serial No.: 10/686,460
 Filed: October 15, 2003
 For: BREATHING ASSISTANCE APPARATUS
 Applicant: SEAKINS; THUDOR and SMITH
 Attorney Docket No.: 1171/39624D/92D

CERTIFICATION OF FACSIMILE TRANSMISSION	
I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office to fax number (571) 273-8300 on:	
March 7, 2006	Date
Johanna E. Cronin	

COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an "AMENDMENT" for the above-identified application.

The filing fee has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra
TOTAL	* 22	MINUS	** 24	0
INDEP.	* 1	MINUS	** 3	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY	
Rate	Addit. Fee
x 25 =	\$.00
x 100 =	\$.00
+ 180 =	\$.00
TOTAL ADDIT. FEE	\$.00

OTHER THAN A SMALL ENTITY	
Rate	Addit. Fee
x 50 =	\$.00
x 200 =	\$.00
+ 360 =	\$.00
TOTAL	\$.00

OR

OR

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 20-1495 in the amount of \$ _____. A duplicate copy of this sheet is enclosed.
- ☐ A check in the amount of _____ to cover the filing fee is also enclosed.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 20-1495. A duplicate copy of this sheet is enclosed.
- ☒ Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17

Dated: March 7, 2006

Raiford A. Blackstone, Jr. Reg. No. 25,156
Linda L. Palomar, Reg. No. 37,903
 Attorneys of Record

COPY

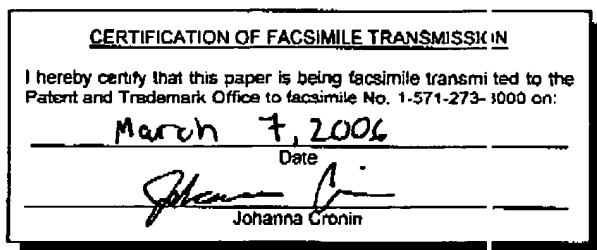
IN THE UNITED STATES
PATENT AND TRADEMARK OFFICE

PATENT

RECEIVED
CENTRAL FAX CENTER

MAR 07 2006

Serial No.: 10/686,460)
Applicant: SEAKINS, THUDOR)
and SMITH)
Filed: October 15, 2003)
For: BREATHING ASSISTANCE)
APPARATUS)
Examiner: G. DAWSON)
Art Unit: 3731)
Confirmation No. 7799)
Attorney Docket No.:)
1171/39624D/92D)

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Responsive to the Office Action dated December 8, 2005, having a shortened statutory date for response set to expire on March 8, 2006, kindly amend the above-identified patent application as follows: